

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department Baltimore.

Permit No. 98892 Office of Registrar MAR 29 1887 Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS DEATH CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, March 28th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Wright

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 91 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 1210 N. Spring St.

Cause of Death, {First (Primary), Exposure
Second (Immediate),

Duration of Last Sickness, Wandered from home 4 days before

All the above information should be furnished by the Physician.

Place of Burial, Sharp St near Canton nearly dead

Date of Burial, Mch 30th 1887

{ Undertaker, Alex Henry E. B. Tenby, M. D. Medical Attendant.

{ Place of Business, 561 Orchard Address, 1201 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. 98893 Office of Registrar of Vital Statistics. Ward 711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, March 28 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward P Vincent

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 52 Years, 10 Months, Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Clerk

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } No 148 N Broadway

Cause of Death, { First (Primary), Calcular disease of Heart Second (Immediate), Apoplexy }

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 30th

{ Undertaker, George Schilling } { Hall Ruth D. M. D. Medical Attendant. }

{ Place of Business, Ashland Square } Address 403 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. 98894 Office of Registrar of Vital Statistics. Ward 20^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 26th /87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter Houston

Sex, Male ☒ Female, { Cross out the word not required in this line. }

Age, _____ Years, 7 Months, _____ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltd City

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } # 1333 Shields al

Cause of Death, { First (Primary), Second (Immediate), } Bronchitis capillary.
Exhaustion

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, N. Public Cemetery

Date of Burial, March 28th /87

Undertaker, Geo. E. Brown John S. Huck M. D. Medical Attendant.

Place of Business, Health Office Address, Asyle Ave & Townsend

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98895 Office of Registrar of Vital Statistics.

Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 27, 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Pesley, N. Cochran

Sex, Male or Female,

{ Cross out the word not required in this line.

Age, 36 Years, 4 Months, 1 Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line.

Occupation,

Bookkeeper

Birth Place,

{ State or country, and how long in the United States, if of foreign birth.

Maryland

Duration of Residence in the City of Baltimore,

Eighteen

Place of Death,

{ Give Street and Number.

22 Holland St.

Cause of Death,

{ First (Primary),

{ Second (Immediate),

Heart Disease

Duration of Last Sickness,

Sudden

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount

Date of Burial,

March 29, 1887

Undertaker,

Wm H. Hickman.

J. W. H. M. D.

Medical Attendant.

Place of Business,

234 N. Gay St. Address, 1005 E. Balto. St.

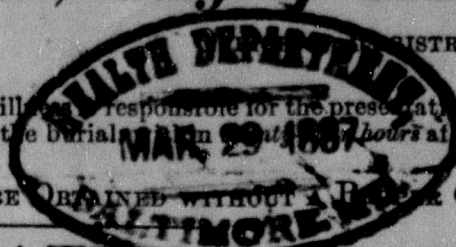
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

Board of Health, City of Baltimore, (19

Permit No. 98896



The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PERMIT CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fanny Gertrude Coale

Sex, ~~Male~~ Female, { cross out the word not required in this line. }

Age, _____ Years, 5 Months, 12 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, _____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 1034 North Mount St.

Duration of Residence in the City of Baltimore, as above

Place of Death, { Give street and number } as above

Cause of Death, { First, (Primary,) Cold
Second, (Immediate,) Capillary Bronchitis

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Mar 29/87 J. B. Cook M. D. Medical Attendant.

{ Undertaker, J. B. Cook

{ Place of Business, 1003 W. Balt St Address, 603 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98897

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29 - 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie Henton

Sex, ~~Male or~~ Female, { Cross out the word not
required in this line. }

Age, 21 Years, 1 Months, 22 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not
required in this line.

Occupation, _____

Birth Place, {State or country, and how
long in the United States,
if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 32 Days

Place of Death, { Give Street and } No. 401 North St.
Number.

Cause of Death, { First (Primary), Accidental suffocation
Second (Immediate), _____

Duration of Last Sickness, *Few moments*

All the above information should be furnished by the Physician.

Place of Burial, *E. Park Cemetery*

Date of Burial, *March 29*"/87

Undertaker, Geo. Pinchot Alexander Hall, M. D.
Medical Attendant.

Place of Business, Health Office Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98898

Office of Registrar of Vital Statistics

Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Moses Hilligan
Moses

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 26 Years, _____ Months, _____ Days.

Color, Admixed

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Brickmaker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Iowa Iowa Co

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give Street and Number. } 2211 Mulberry St

Cause of Death, { First (Primary), Second (Immediate), } Old Age

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 30th

Undertaker, A. C. R. Bandell John Ayda M. D.

Medical Attendant.

Place of Business, 1608 Miller St Address, 1937 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

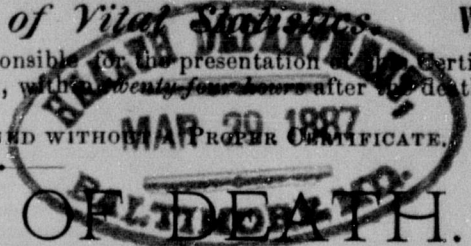
[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98899 Office of Registrar of Vital Statistics Ward 20^a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Feb 27, 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Hanson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 21 Years, _____ Months, _____ Days

Color, Blk

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, Servant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ind -

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, { Give Street and Number. } 1109 Little Wilson St

Cause of Death, { First (Primary), Consumption }
{ Second (Immediate), Exhaustion }

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 29 1887

{ Undertaker, William A. Dugan } J. M. H. M. D. Medical Attendant.

{ Place of Business, 150 East St } Address, 1002 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98900

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1887

Full Name of Deceased, John Weck

Sex, Male ~~Female~~

Age, 41 Years, _____ Months, _____ Days

Color, White

Married, ~~Single~~ ~~Widow~~ ~~or~~ ~~Widower~~

Occupation, Restaurateur

Birth Place, Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, 1124 Franklin St.

Cause of Death, Phthisis Pulmonalis
Exhaustion

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 30th 1887

Undertaker, W. Cadogan

Place of Business, 227 Mulberry St. Address, Peena & Robert

H. Ricker

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

98901

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 27/87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

George M. James

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

Years,

1

Months,

19

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

life

Place of Death,

{ Give Street and Number. }

522 S. Bethel st

Cause of Death,

{ First (Primary),

Second (Immediate),

Congestion of Lungs
asthenia

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

Evangelical Church

Date of Burial,

March 29/88

Undertaker,

H. Anderson

Jos. E. Gibbons

M. D.

Medical Attendant.

Place of Business,

1710 Canton ave

Address, 833 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]